

| | | | | | |
|--|---|--|--|-------------------------------------|--|
| SCC eFile | 2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 216520703 | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: National Older Worker Career Center, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER, 16TH FLOOR 1111 EAST MAIN STREET RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DC</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2016</p> <p>SCC ID NO: F1550187</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div> | | | CLASS | AUTHORIZED | |
| CLASS | AUTHORIZED | | | | |
| <p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 3811 N FAIRFAX DR #900</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ARLINGTON, VA 22203</p> | | | | | |
| <p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p> | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GREGORY A MERRILL TITLE: P/CEO ADDRESS: 3811 NORTH FAIRFAX DRIVE #900 CITY/ST/ZIP/CO: ARLINGTON, VA 22203 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: GREGORY A MERRILL TITLE: P/CEO ADDRESS: 3811 NORTH FAIRFAX DRIVE #900 CITY/ST/ZIP/CO: ARLINGTON, VA 22203 | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: GREGORY A MERRILL TITLE: P/CEO ADDRESS: 3811 NORTH FAIRFAX DRIVE #900 CITY/ST/ZIP/CO: ARLINGTON, VA 22203 | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CYNTHIA LANGLEY TITLE: VICE PRESIDENT ADDRESS: 419 FAIRWAY VILLAGE LEEDS, VA 01053 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: CYNTHIA LANGLEY TITLE: VICE PRESIDENT ADDRESS: 419 FAIRWAY VILLAGE LEEDS, VA 01053 | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: CYNTHIA LANGLEY TITLE: VICE PRESIDENT ADDRESS: 419 FAIRWAY VILLAGE LEEDS, VA 01053 | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ELLEN TUNSTALL TITLE: TREASURER ADDRESS: 1101 S ARLINGTON RIDGE RD APT 909 CITY/ST/ZIP/CO: ARLINGTON, VA 22202 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: ELLEN TUNSTALL TITLE: TREASURER ADDRESS: 1101 S ARLINGTON RIDGE RD APT 909 CITY/ST/ZIP/CO: ARLINGTON, VA 22202 | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: ELLEN TUNSTALL TITLE: TREASURER ADDRESS: 1101 S ARLINGTON RIDGE RD APT 909 CITY/ST/ZIP/CO: ARLINGTON, VA 22202 | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CAROLINE ESPREE TITLE: DIRECTOR HR ADDRESS: 3811 N. FAIRFAX STREET, SUITE 900 CITY/ST/ZIP/CO: ARLINGTON, VA 22203 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: CAROLINE ESPREE TITLE: DIRECTOR HR ADDRESS: 3811 N. FAIRFAX STREET, SUITE 900 CITY/ST/ZIP/CO: ARLINGTON, VA 22203 | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: CAROLINE ESPREE TITLE: DIRECTOR HR ADDRESS: 3811 N. FAIRFAX STREET, SUITE 900 CITY/ST/ZIP/CO: ARLINGTON, VA 22203 | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ED FLYNN TITLE: DIRECTOR ADDRESS: 6016 1ST STREET CITY/ST/ZIP/CO: ARLINGTON, VA 22202 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: ED FLYNN TITLE: DIRECTOR ADDRESS: 6016 1ST STREET CITY/ST/ZIP/CO: ARLINGTON, VA 22202 | <input type="checkbox"/> | OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ED FLYNN TITLE: DIRECTOR ADDRESS: 6016 1ST STREET CITY/ST/ZIP/CO: ARLINGTON, VA 22202 | <input type="checkbox"/> | OFFICER <input checked="" type="checkbox"/> DIRECTOR | | | |

| | | | |
|--|---|----------------------------------|--|
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | TERESA HOLLAND DIRECTOR 15 COLONY RD CHAPPAQUA, NY 10514 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | FRAN HURD DIRECTOR 1626 COMANCHE RD ARNOLD, MD 21012 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JOSEPH STEARNS DIRECTOR 1083 HERNAGE CREEK RD EAGLE, CO 81631 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | ELLEN TUNSTALL DIRECTOR 1101 S. ARLINGTON RIDGE RD #909 ARLINGTON, VA 22202 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | | |
| /s/ GREGORY A MERRILL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | GREGORY A MERRILL, P/CEO PRINTED NAME AND CORPORATE TITLE | 5/31/2016 DATE | |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | | |